

# HOUSEHOLD COMPOSITION FORM

This form is acceptable for both City of Lansing, and MSHDA projects.

Head of Household's Name: \_\_\_\_\_

Current Address (including City/State/Zip): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Name	Relationship to Head of Household	Age	Sex	Birth date	Place of Birth City & State, or Foreign Country Name	Handicapped Or Disabled	Full-time Student	SS# or Alien Registration #
	Head of Household					Yes / No	Yes / No	

Head of Household, please complete the following section for statistical purposes only:

## Marital Status

- ☐ 1. Married
- ☐ 2. Single
- ☐ 3. Widowed
- ☐ 4. Divorced
- ☐ 5. Separated

## Ethnicity

- ☐ Yes ☐ No
- Hispanic / Latino
- 22

## Employment Type

- ☐ 1. Professional/Technical
- ☐ 2. Manager/Supervisor
- ☐ 3. Clerical/Sales
- ☐ 4. Skilled/Semi-Skilled/Foreman
- ☐ 5. Retired
- ☐ 6. Full-time Student
- ☐ 7. Unemployment

## Race

- ☐ White 11
- ☐ Black/African American 12
- ☐ Asian 13
- ☐ Amer. Indian or Alaskan Nat. 14
- ☐ Nat. Hawaiian/ Other Pacific Isl. 15
- ☐ Amer. Indian/Alaskan Nat. & White 16
- ☐ Asian & White 17
- ☐ Black/African Amer. & White 18
- ☐ Amer. Indian/Alaska Nat. & Black/African Amer. 19
- ☐ Other Multi-Racial 20

I certify that only the people listed above will occupy the unit.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

